WV Health Innovation Collaborative
Better Value Work Group
Meeting Notes
July 15, 2015

Participating:
Jeremiah Samples, DHHR, Chair
Kari Law – WVU Department of Behavioral Medicine
Ashley Six-Workman, WVU Department of Behavioral Medicine
Fred Earley, Highmark
Amy Fahrenkopf, Highmark
Penny Hall, DHHR, Bureau for Medical Services
Dick Wittberg, Marshall University
Jerry Roueche, Community Care of WV/Southern
Jason Landers, WV Family Health
Kimi King, Community Care of WV
Michelle Coon, Community Care of WV
Barbara Wessels, UniCare
Nancy Tyler, WV Partnership for Elder Living, Fairshake Network
Aila Accad, Future of Nursing WV
Joshua Austin, WV SIM Grant
Lisa Lee-Ranson, DHHR/ Bureau for Public Health, Health Promotion and Chronic Disease
Jessica Wright, DHHR/Bureau for Public Health, Health Promotion and Chronic Disease
Glenn Miller, Highmark WV
John Moore, Bowles Rice
Barbara McKee, CAMC/Partners in Health Network
Brent Tomblin, CAMC/Partners in Health Network
Brenda Nichols Harper, Anthem
Tracy Dlott, Unicare
John Earles, Logan Healthcare Foundation
Ellen Potter, WV Insurance Commission
Perry Bryant, Self
Bruce Atkins, DHHR, Bureau for Public Health/Office of Community Health Systems and Health Promotion
Christine DeRienzo, PEIA
Renate Pore, West Virginians for Affordable Health Care
Brandon Hatfield, WV Hospital Association
Tony Atkins, DHHR, Bureau for Medical Services
Nancy Sullivan, DHHR
Phil Weikle, WV Health Information Network
Phil Shimer, TSG Consultant
John Wiesendanger, WV Medical Institute/Quality Insights
Dan Foster, CAMC
John Law, Kanawha-Charleston Health Department
Phil Schenk, WV Partnership for Elder Living
Debbie Waller, DHHR

Participating by Phone:
Chris Clark, WV Health Care Authority

Michael Jones, Primary Care Association
Toni DiChiacchio, WVU School of Nursing
Chris Budig, WV Telehealth Alliance
Gerry Stover, WV Academy of Family Physicians

Jeremiah Samples, Chair of the Better Value Work Group opened the meeting and welcomed everyone in attendance. Introductions were made. Me. Samples shared with the Work Group that the Better Value Work Group was going to continue to meet and hear presentations. The Better Value Work Group – SIM Project would also be meeting once a month but on a different day. SIM related activities will be shared with everyone. If for any reason, any work group member sees a reason not to have these two meetings separate, please share with Jeremiah. Better Health and Better Care are combining their meetings with the SIM Project. Two new workgroups will be meeting which are HIT and Workforce Development.

WVHIC Activities for the Month of July:

Better Health Work Group – SIM Project – July 21, 2015, 9:00 – 12:00
Better Care Work Group – SIM Project – July 21, 2015, 1:00 – 4:00
HIT Work Group – July 22 – 9:00 – 12:00
Better Value Work Group – SIM Project – July 23, 2015, 9:00 – 12:00
Workforce Development work Group – July 23, 2015, 1:00 – 4:00

Members of each work group will receive an email from Josh Austin, SIM Project, on the locations of each of these meetings and conference call and webinar information.

Presentations:

Jeremiah Samples introduced Fred Earley, Highmark WV. Mr. Earley introduced Amy Fahrenkopf, Medical Director and Vice President Market Transformation, Highmark, WV. Dr. Fahrenkoph will be presenting on Highmark's P4V Strategy. Members received a copy of the powerpoint presentation in advance of the meeting.

- Dr. Fahrenkoph congratulated WV on obtaining the SIM Design Grant. She has worked with Delaware and Arkansas on their SIM.
- Highmark's P4V programs have focused on hitting the "triple aim" of cost, quality and patient experience. Their strategy has focused on trying to move every provider in their network towards value based care.
- P4V started in 2011 and also PCMH with seven programs across 3 states.
- They have achieved extensive scope and impact across membership:
    - Western Pennsylvania Quality Blue ACA/PCMH
    - Delaware PCMH Pilot
    - WV Quality Blue PCMH
    - Central Pennsylvania Quality Blue PCMH
    - Delaware Quality Blue ACO MedNet
    - More than one million attributed members.
    - WV – 88 practices representing 31 PCMH entitles, 399 practitioners and 53,774 attributed members

- Redesigning Reimbursement Program
    - Architecture
    - Tools
    - Reporting
    - Engagement
    - Reporting needs more work
- What's Working
    - Significant market penetration, with 77% of members in P4V programs
    - Wide range of providers can participate through multiple programs
    - Providers have multiple ways to earn incentive payments
    - A variety of metric categories are represented
- What's Not Working
    - Multiple programs create complexity
    - No clear ROI or evidence of cost/utilization improvement - not seen any real movement in costs
    - Fee bump payment incentivizes overutilization
    - Top performers can be punished for not improving
    - Not all programs achieve a meaningful "share of wallet"

    Full inventive can be earned on quality alone.
- Shared the eight fundamental changes that will shape the new PCP program and how the PCP incentive program will work
- Distinctive elements:
    - Use of proprietary specialist referral metric based on enterprise analytics
    - Performance-based care coordination fee is shift away from fee bump
    - Total potential incentive represents high "share of wallet" which drives behavior change
    - Single contracted program across products to minimize provider complexity
    - Potential for meaningful reward for all providers
- Hope to launch July 1, 2016

She also shared some information about the Hospital Program. Major changes took place in 2014. Shifted to claims-based data; metrics standardized, quality bundle added for hospital-owned practices. Changes will continue to be made.

Discussion followed and a question and answer period. Dr. Fahrenkopf will be invited back when she will be able to provide more information.

Mr. Samples thanked Dr. Fahrenkopf for a very informative presentation.

Jeremiah introduced Dr. Kari Law, Assistant Professor, Adult, Child, & Adolescent and Forensic Psychiatry and Director, Telepsychiatry at WVU, Department of Behavioral Health and Ashley Six-Workman, Clinical Program Coordinator Telepsychiatry Division. They will be sharing Telepsychiatry with the group.

- The Department of Behavioral Medicine and Psychiatry, in conjunction with WVU MDTV, currently operates 35 telepsychiatry clinics through the State of WV. These clinics provide child and adolescent, adult and addiction relation psychiatric services to clients in fourteen counties with extensive catchment areas extending past county borders.

- Started in 2009, the first adult telepsychiatry clinic, Westbrook in Roane County and was funded by DHHR. In 2011, child psychiatry and addiction services were added and in 2012, received a HRSA grant for further clinical expansion. This was a 4 year grant.
- Telepsychiatry is a sustainable method of providing care. In 2014, there were over 6,494 consults per year. They will be at 10,000 soon.
- 149 hours of services weekly; 140 hours of clinical services, 35 half-day clinics and presently in 16 rural counties with significant service overlap
- 8 hours of educational training for faculty and trainees
- Funding is through DHHR, Bureau for Behavioral Health and Health Facilities and HRSA grant from 2012-2016 and direct contract. Medicaid reimbursement for patient visits.
- When used appropriately, studies have shown that there is no difference in the ability of the provider to obtain clinical information, make an accurate diagnosis, and develop a treatment plan that produces the same desired clinical outcomes as compared to in person care.
- VA Telemental Health – In 2014, there were approximately 325,000 Telemental Health encounters to 106,000 patients. 30,000 surveys mailed with 60% return rate. 94% overall patient satisfaction
- Patient Satisfaction
    - Travel (mileage, geographic, transportation barriers)
    - Financial – reduce absence from work and ability to see specialist locally & affordably.
- Healthcare Cost
    - Cost savings vary based upon type of cost analyses performed (i.e., cost offset vs. cost benefit vs. cost effectiveness)
    - From programmatic standpoint, may hinge upon consultation rate needed to "break even"
    - Locum tenens – higher cost, lower longevity, potential for less local knowledge
- WVU Cost Savings – Mileage
    - In approximately 2 years, 1,523,336 miles were saved and the total cost savings to patients was $4,250,107 in travel (gas)
- Children & Technology – She shared a 2013 review, in children and adolescents, telepsychiatry may be better than in-person services because of the novelty of the interaction, direction of the technology, the psychological and physical distance and the authenticity of the family interaction.
- WVU Telepsychiatry Experience:
    - Ability to increase child and adolescent psychiatrists in rural areas for outpatient encounters.
    - Decreases burden on local primary providers and partnership for better care coordination in care
    - Anecdotally, decreased hospitalizations and ER visits due to triage and management
    - Ultimately, decreased unnecessary referrals to residential treatment facility level of care
- Shared Wyoming Child Consult Model with the group.

A question and answer period followed.

Mr. Samples thanked Dr. Law and Ms. Workman for sharing their work in Telepsychiatry with the work group.

Mr. Samples shared with the group that at the August Better Value Work Group meeting, we will be hearing presentations from the WV Telehealth Alliance and NEMT.

Next Meeting:

WV Health Innovation Collaborative
Better Value Work Group
Wednesday, August 19, 2015
1:00 p.m. – 3:00 p.m.
One Davis Square, Suite 100 East, Conference Room 134